PURULENT MASTOIDITIS.

SINUS THROMBOSIS; THREATENED CEREBRAL ABSCESS; RECOVERY AFTER OPERATION.

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THE patient, J. S., a boy of six years, was admitted to the Elder Cottage Hospital, Govan, on December 2, 1903, complaining of a "discharge from the ear" of considerable duration, together with, recently, pain and tenderness over the part, and slight headache.

On examination there was found to be a purulent discharge from the left ear; the left tympanic membrane was gone, and there was bare bone on the inner tympanic wall. There was tenderness to pressure over the mastoid region. Patient also complained slightly of tenderness on pressure over the course of the internal jugular vein, the tissues in that region being palpably thickened. The pupils were unequal, the left being slightly smaller than the right. Patient's intelligence was dulled, his answering being very slow. Temperature and pulse were both rather subnormal.

A diagnosis of suppurative mastoiditis, with septic sinus thrombosis at an early stage, without systemic involvement, and with encephalitis, threatening abscess formation, having been made, operation was decided on.

The parts were prepared, and the operation performed within twenty-four hours of my first seeing him.

For an hour or so prior to the operation, patient was noticed to be very drowsy, requiring to be roused to answer questions, and immediately dropping over to sleep again.

The radical mastoid operation was performed through a straight incision, immediately posterior to the pinna; the periosteum was reflected and the bone fully exposed. An opening was first made, through the suprameatal triangle, down to the mastoid antrum, when pus immediately welled up. The opening was en-

larged by a burr, and the antrum found full of pus. The mastoid region was now thoroughly opened up with the surgical engine, all the cells containing pus being cleared out, until, finally, smooth, healthy bone was exposed in all directions. The granulation tissue in the middle ear was also cleared out, the malleus and incus being removed. The facial canal was examined and found to be intact.

The cavity thus made having been thoroughly disinfected, the dura mater covering the temporosphenoidal lobe was exposed. It was found to be inflamed, and the vessels on its surface were engorged; but it was hoped that this condition might diminish with the removal of the cause, and the membranes were therefore, meanwhile, left intact.

The sigmoid sinus was next exposed. While the lumen of the sinus was not entirely occluded, its walls had completely lost their natural elasticity. The anterior wall in particular, which was bathed in pus, was very much thickened.

The surrounding parts having been thoroughly cleaned and disinfected, the wound was filled with iodoform and boracic powder and packed with iodoform gauze. A fine piece of iodoform gauze was also introduced through the external auditory meatus; then a dressing was applied, and the patient was returned to bed.

After the operation the temperature remained normal, and the pulse became more rapid (100–130). The left pupil remained slightly smaller than the right for two or three days after the operation. During this period patient was at times restless, at others drowsy, and he vomited several times. After this, however, he rapidly came round, and became bright and intelligent.

The dressing was changed on December 18, fifteen days after the operation, and the parts were found to be covered with a thin layer of healthy granulation tissue. Tenderness to pressure over the jugular had entirely disappeared. The dressing was again changed on the 24th, when granulations were found to be growing vigorously, and thereafter the dressing was changed when necessary, some half-dozen times in all.

Patient made an uninterrupted recovery despite an attack of chicken-pox during his convalescence, and is now (April, 1904) strong and active, the only sign of the operation being a very slight scar behind, and hidden by, the pinna of the ear.